INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: Quarterly	
Name of person completing this form: JAMIE KERSTETTER	
Name and address of entity or person on whose behalf this form is being filed: JAMIE KERSTETTER 306 SCHOOLHOUSE RD MONROE, NJ 0883)	
Principal business or occupation of entity or person on whose behalf this form is being filed: POKER PLAYER	
Status of entity or person on whose behalf this form is being filed: License Holder Applicant	
The entity or person on whose behalf this form is being filed is a holder of or applicant for: Casino License	
Casino Service Industry Enterprise License Vendor Registration	
☐ Permit ☐ Casino Key Employee License ☐ Casino Employee Registration	
Casino Employee Registration Qualifer Other (Please specify)	*

SCHEDULE A

or an <u>initial</u> filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All ubsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made	remuneration, benefit or thing of value	or thing of value was made	Reason or purpose for the procurement of professional services
They so	\$200 per werk online tournament	MEEKIN	to partyposer brand

partypoterNI.com

SCHEDULE B

or an <u>initial</u> filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. All ubsequent filings must disclose quarterly information.

Please refer to paragraph 6 of the Instructions in completing this Schedule.

Name of the person, entity or firm (offering professional services with regard to internet gaming) from whom any payment, remuneration, benefit or thing of value was received	Amount of value of such payment(s).		remuneration, benefit or thing of value was received
JAMIE KERSTETTER	online buying	WEEKLY	for partypier brand

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are wilfully false, I am subject to punishment.

Name o	f person certifying this form JAMIE V	KERSTETTER	fa	m De	9
Title	partypoter amb	assador	3		
Date	8/29/14				
		SUBMIT FORM			

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